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24273 7590 04/08/2004

MOTOROLA, INC
INTELLECTUAL PROPERTY SECTION
LAW DEPT

8800 WEST SUNRISE BLVD. 1303 E. Algonquin Rd.
FF LAUDERDAL, FL 33322 Schaumburg, IL 60196

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Dawn M. Hebein (Depositor's name)
Dawn M Hebein (Signature)
May 21, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,636	12/12/2001	Edgar Herbert Cullaway JR.	CM03429J/10-42	9661

TITLE OF INVENTION: METHOD AND APPARATUS FOR CREATING A RADIO FREQUENCY FILTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, STEPHEN E	2817	333-204000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Motorola, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Schaumburg, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).

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05/21/2004 WABRHAM2 0000097 502117 10021636

01 FC:1501

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02 FC:1504

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MOTOROLA
FAX TRANSMITTAL SHEET

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2 Number of Pages (including this page)

Date: May 21, 2004
To: **ISSUE FEE**
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From: Daniel K. Nichols 29,420

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Enclosed herewith, please find PTOL-85 ISSSUE FEE TRANSMITTAL and Revocation of Power of Attorney for filing in the below-identified application.

EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

JONES, STEPHEN E.
2817
10/021,636
12/12/2001
Callaway et al